

Name
in
Full

Robert P Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton ^{Town} Worcester ^{County} MARYLAND

Date of death 190 5 ^{Month} 9 ^{Day} 2 Age — ^{Years} 2 ^{Months} 3 ^{Days}

Sex Male Color or Race Black Birth-place md

~~Married~~ Single
or ~~Widowed~~

Occupation

Name of Wife or Husband

Father's Name George Bishop Father's Birthplace md

Mother's Maiden Name Ella W Bishop Mother's Birthplace md

Name of person giving information George Bishop How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Indigestion How long 10 days

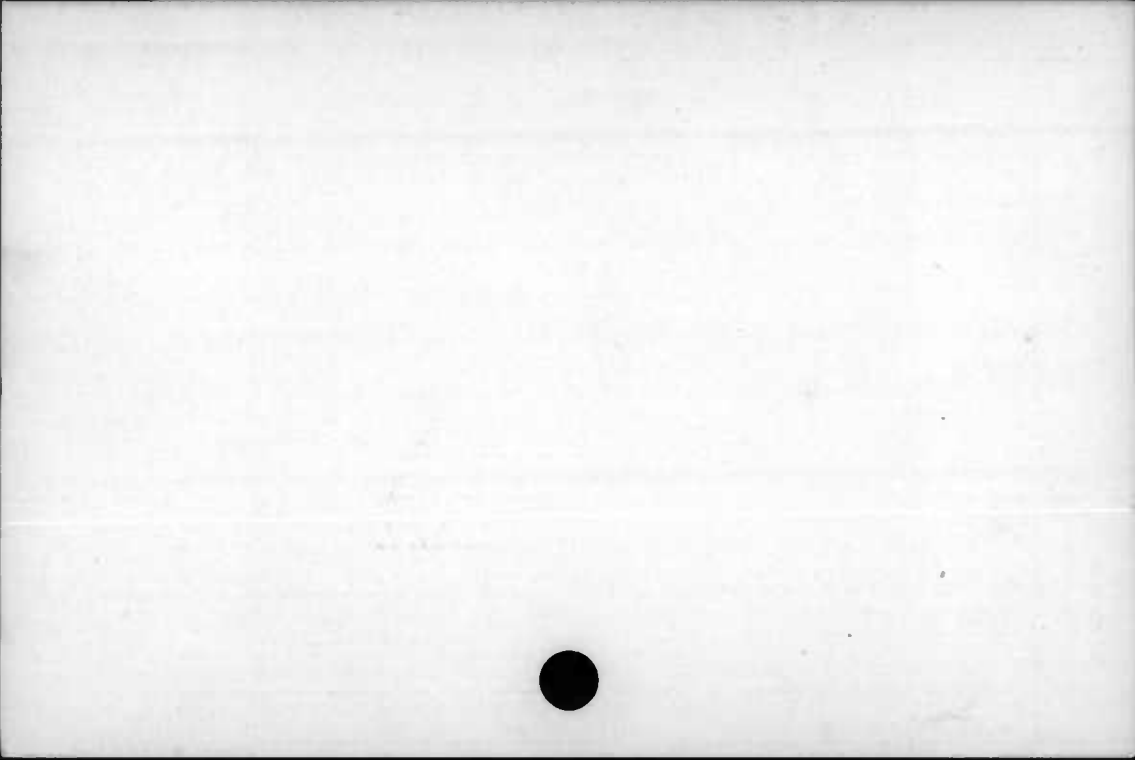
Immediate Gastroenteritis How long 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. D. Dieckman

Address Stockton Worcester Co.

Accident or Suicide?



Name
in
Full

Hester Buddell

CERTIFICATE OF DEATH

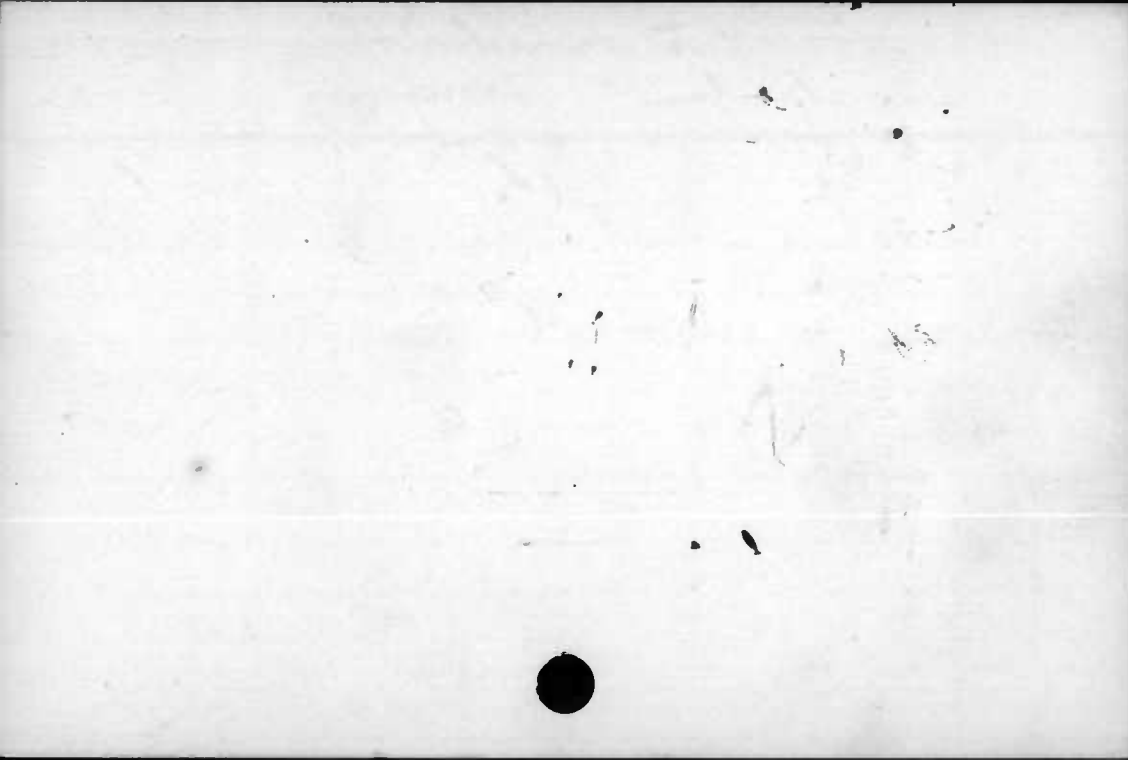
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept</i>	Day <i>19</i>	Age <i>Don't know</i>	Years Months Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>House Girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Tom Buddell</i>		Father's Birthplace			
Mother's Maiden Name <i>Julia</i>		Mother's Birthplace			
Name of person giving information <i>Tom Buddell</i>		How related to deceased <i>Bro</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Holland</i>
	Address <i>Berlin, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i> -	<i>Sept</i> ^{Month}	<i>2</i> ^{Day}	<i>68</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>House-keeping</i>				
Name of Wife or Husband <i>William Chapman</i>					
Father's Name <i>William C. C. S.</i>				Father's Birthplace <i>Ind</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>4 yrs - yrs</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stockton Worcester Co Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


9/23/17

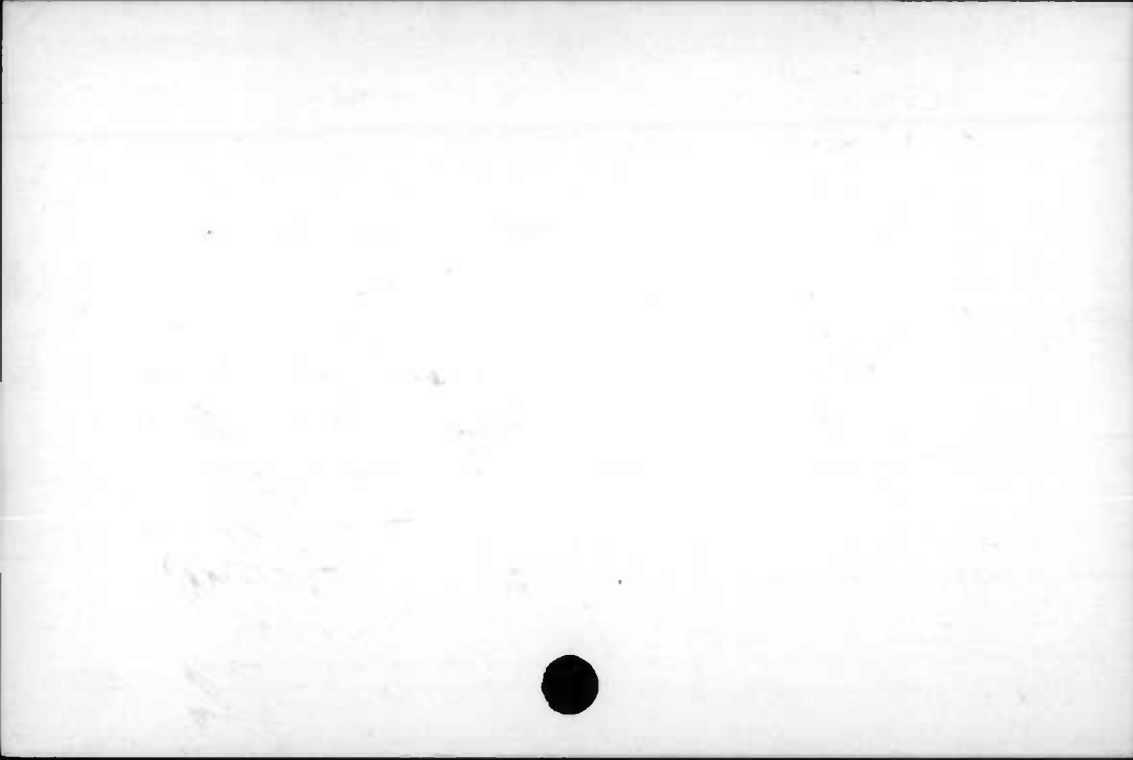
NOT - Name S Conger

Died at <u>Pocomoke City -</u> <small>Town</small>		<u>Worcester -</u> <small>County</small>		MARYLAND	
Date of death <u>1905 - Sept - 23</u>		Age <u>4</u>		Months	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Worcester</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>Pocomoke City -</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Georgia Conger</u>				
Father's Name <u>None - Known</u>	Father's Birthplace <u>None - Known</u>				
Mother's Maiden Name <u>Georgia Conger</u>	Mother's Birthplace <u>Worcester</u>				
Name of person giving information <u>Hanna Taylor</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Falls</u>	How long <u>4 days</u>
Immediate	How long <u>11</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>None</u>
	Address 
Accident or Suicide?	



Name
in
Full

Samuel H. Danall

CERTIFICATE OF D

Town

County

Died at

Sturgis District

Monrovia

MARYLAND

Date

of death 1905 Sept.

Month

Day

27

Age

Years

57

Months

Days

1

1

Sex

Male

Color of
Race

White

Birth-
place

Do not know

Occupation

Merchant

Where Residing if not
at place of death

Bromoke City, Md.

Married, Single
or Widowed

Divorced

Name of Wife or
Husband

Do not know

Father's
Name

Do not know

Father's
Birthplace

r

Mother's
Maiden Name

Do not know

Mother's
Birthplace

r

Name of person giving
In formation

James Stevenson

How related
to decedent

No relation

CAUSES OF DEATH

Primary

Pericarditis Anemia

How long

About 12 years

Immediate

Collapse

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. M. Wilson

Address

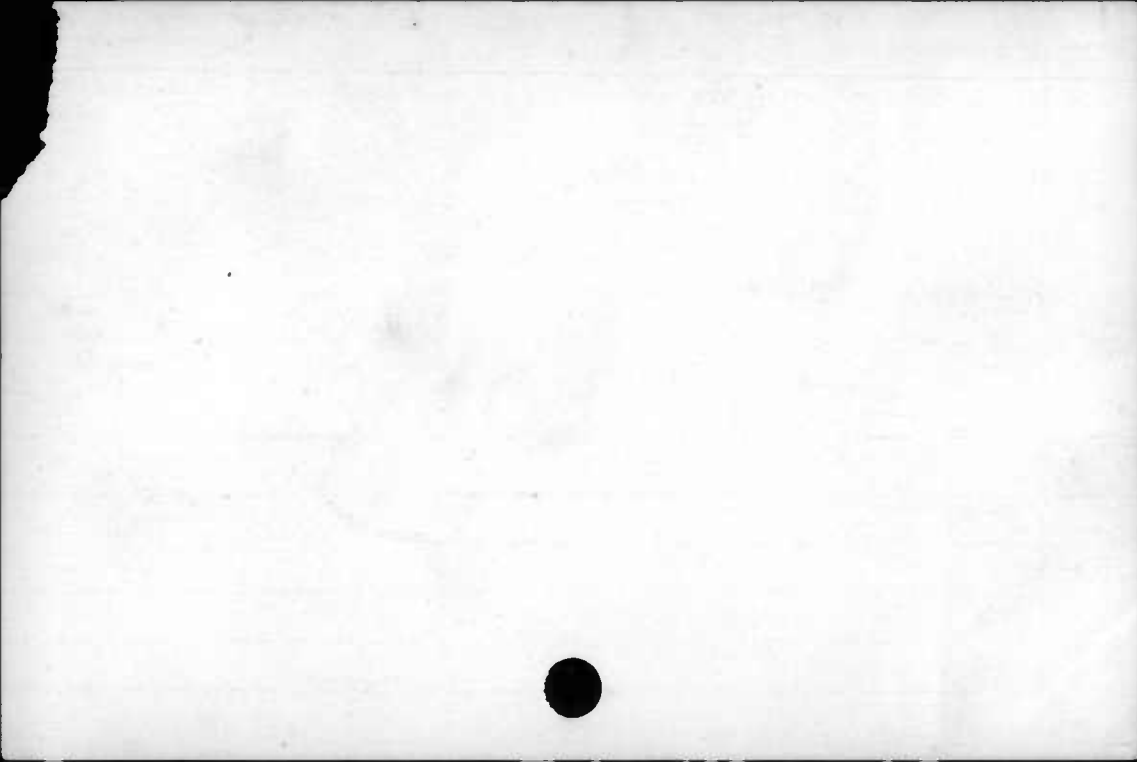
Bromoke City

Accident or Suicide?

r

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High Stocketon</i>		Town <i>High Stocketon</i>		County <i>Winchester</i>		MARYLAND	
Date of death 190	Month <i>Sept</i>	Day <i>6</i>	Years <i>45</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Geo. H. Douglass</i>							
Father's Name <i>John B. B. B.</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Charlotte</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Geo. Douglass</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>4 days</i>
Immediate <i>Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stocketon</i>
Accident or Suicide?	<i>Winchester & Md</i>



Name
in
Full

Henretta Drums

CERTIFICATE OF DEATH

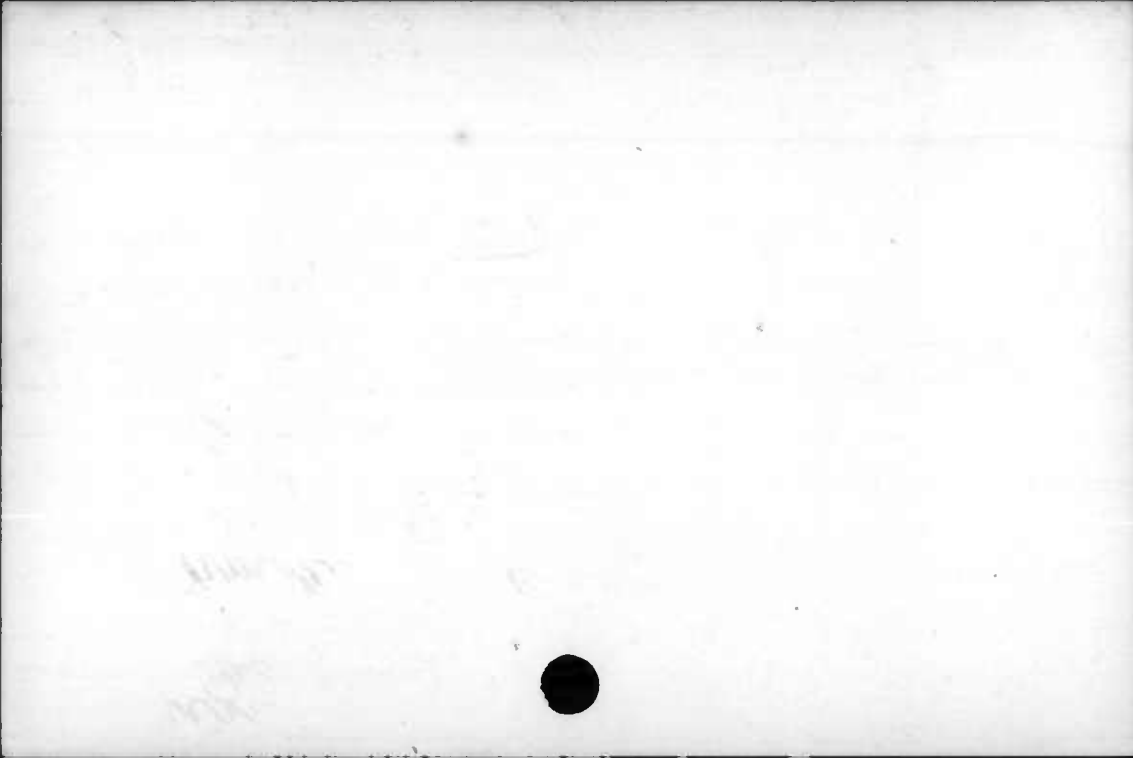
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke city		County Worcester		MARYLAND	
Date of death		1905	Month sept	Day 11	Age 40	Months	Days
Sex Female		Color or Race colored		Birth- place Worcester Co			
Occupation domestic				Where Residing if not at place of death Pocomoke city			
Married, Single or Widowed widow		Name of Wife or Husband Jno S Drums					
Father's Name Harry Drums				Father's Birthplace Worcester			
Mother's Maiden Name Rachel Fields				Mother's Birthplace " "			
Name of person giving information Lewis Gentry				How related to deceased son-in-law			

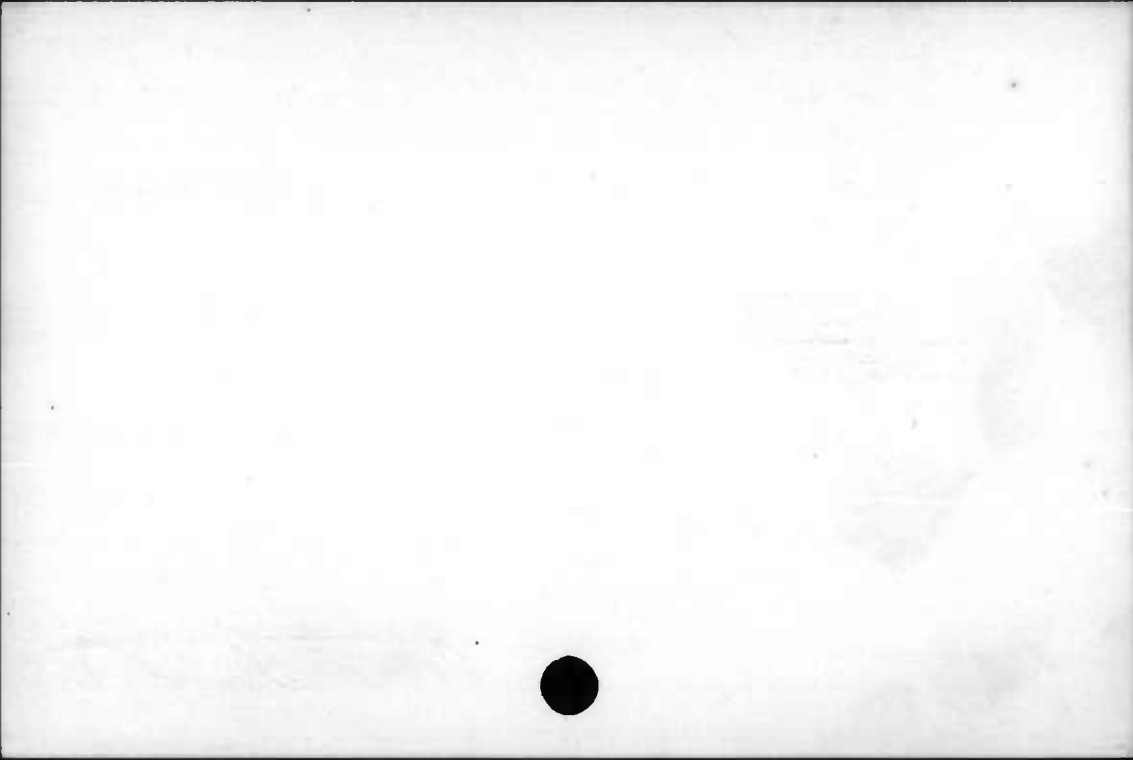
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Strangulation of Bowels	How long	3 days
Immediate	Collapse	How long	108
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Samuel S. Drums	
Address		Pocomoke City, Md	
Accident or Suicide?			



Name in Full		Mary Elizabeth Evans.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Baltimore City</i>		County <i>Thiessen</i>		MARYLAND	
		Date of death <i>1905 Sept 17</i>		Age <i>63</i>		Months <i>9</i> Days	
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
		Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George H. Evans</i>			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name <i>Elizabeth Dwyer</i>		Mother's Birthplace <i>Md.</i>			
		Name of person giving information <i>D. J. Evans</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Senile decay</i>		How long <i>about 1 year</i>			
		Immediate <i>Exhaustion</i>		How long <i>1 week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Wilson</i>			
				Address <i>Baltimore City</i>			
		Accident or Suicide? <i>-</i>					



Name
in
Full

CERTIFICATE OF DEATH

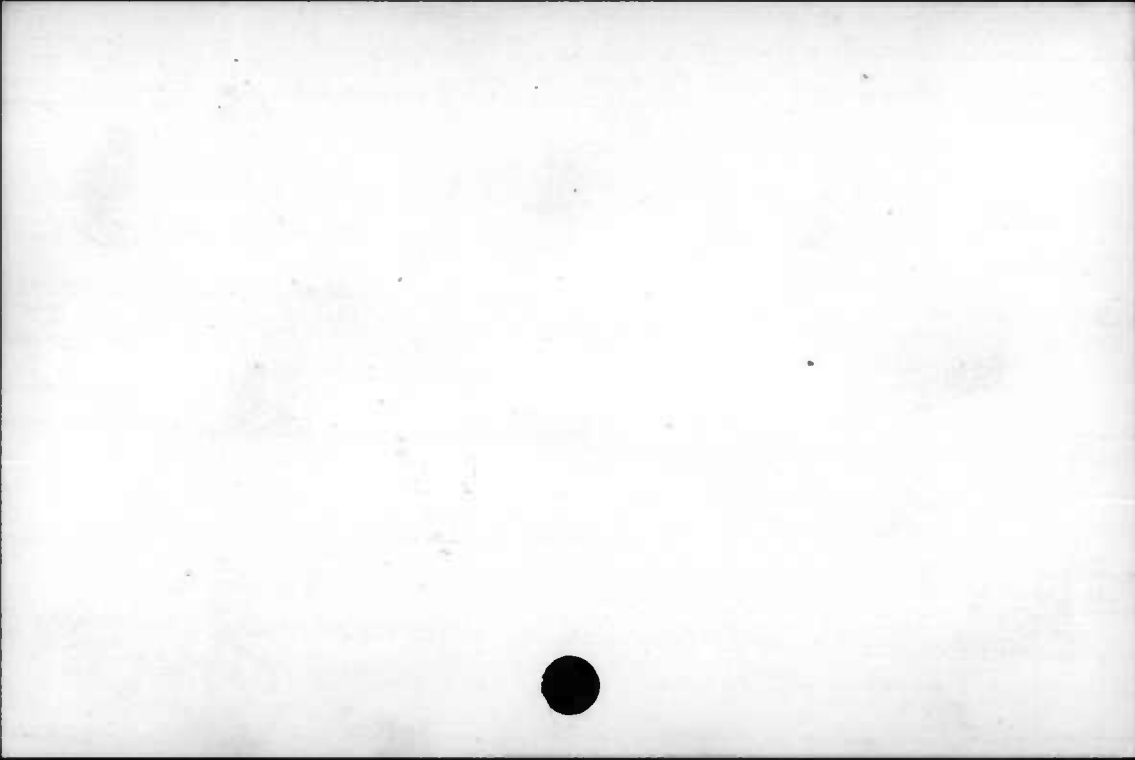
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Unmarried</i>		Town <i>Pocomoke City</i>		County <i>Town (M.M.)</i>		State <i>MARYLAND</i>	
Died at <i>Pocomoke City</i>		Date of death 1905		Age <i>still born</i>		Where Residing if not at place of death <i>" "</i>	
Month <i>Sept</i>		Day <i>12</i>		Years <i>still born</i>		Months <i>" "</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Pocomoke City</i>		Days <i>" "</i>	
Occupation <i>Infant</i>				Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>" "</i>				Name of Wife or Husband <i>" "</i>			
Father's Name <i>Abram Brown S.</i>				Father's Birthplace <i>Northampton</i>			
Mother's Maiden Name <i>Grace Bagwell</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Abram Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born</i>		How long <i>" "</i>	
Immediate <i>" "</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>S</i>		Signature of Physician <i>Samuel S. Quinn</i>	
		Address <i>Pocomoke City Md</i>	
Accident or Suicide? <i>" "</i>			



Name
in
Full

CERTIFICATE OF DEATH

Lena Sillitt
Town *Pocomoke City* County *Worcester*

MARYLAND

Died at *Pocomoke City*
Date of death *1905* Month *Sept* Day *1* Age *25* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Worcester Co*

Occupation *Domestic* Where Residing if not at place of death *Pocomoke City*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Isaac Sillitt* (21) Father's Birthplace *Worcester Co*

Mother's Maiden Name *Charlotte Williams* (21) Mother's Birthplace *11*

Name of person giving information *Edward Sillitt* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Phthisis Pulmonalis* How long *1 year*

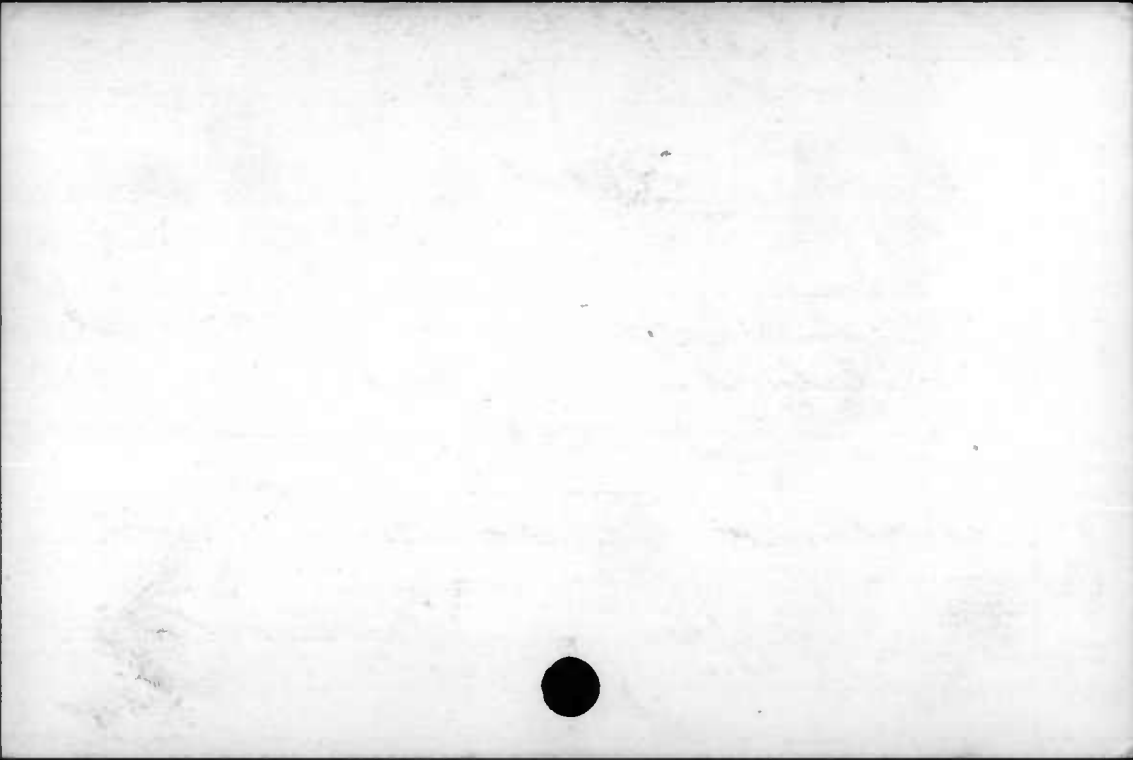
Immediate *Collapse* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* (21)
Signature of Physician *Samuel S. Lumsden*
Address *Pocomoke City Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Murdoch Holland* 9/23/1905

Town *Pocomoke City* County *Worcester* MARYLAND

Died at *Pocomoke City - Worcester*

Date of death *1905* Month *Sept* Day *20* Age *4* Years Months Days

Sex *Female* Color or Race *Caucasian* Birth-place *Pocomoke City*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Martin Holland*

Father's Name *Martin Holland* Father's Birthplace *Worcester Co*

Mother's Maiden Name *Emma Holland* Mother's Birthplace *Worcester Co*

Name of person giving information *Martin Holland* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Sudden Infant Death* How long *4 months*

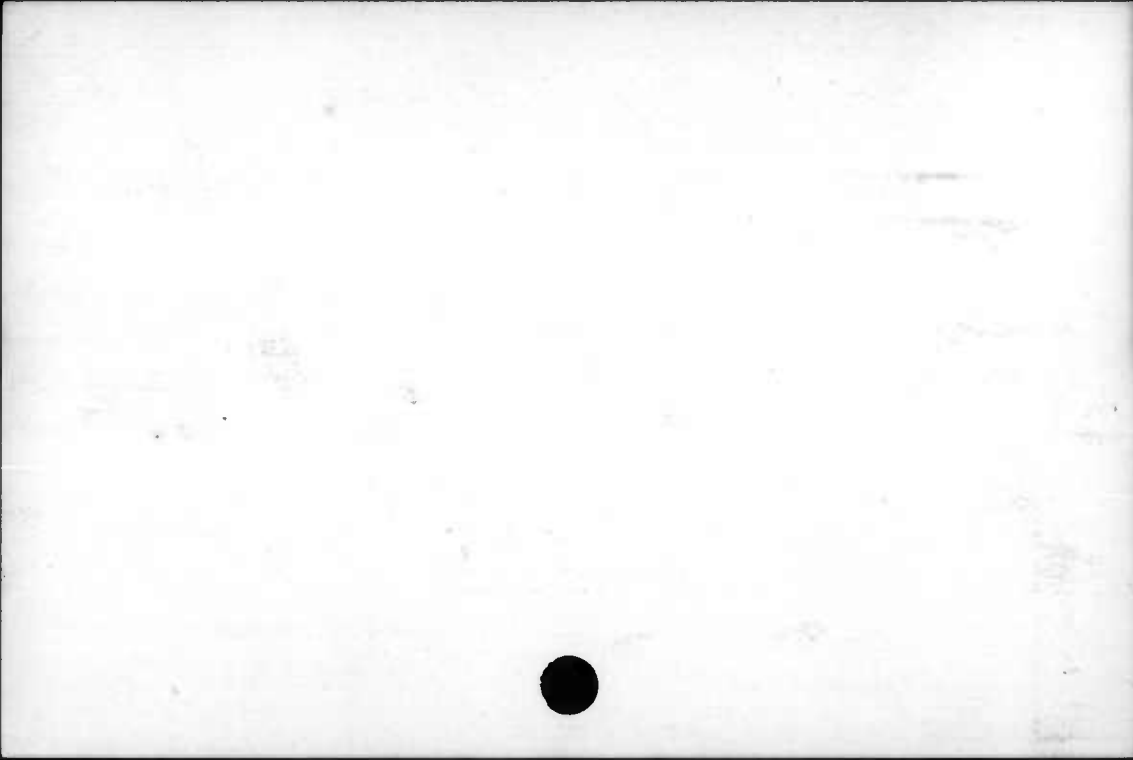
Immediate *Death - Brown* How long *11*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *None*

Address

Accident or Suicide?



Name
in
Full

Child not named.

Ingersoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pocomoke City*

Wicomico

Date of death *1905 Sept 3*

Age

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Wicomico Co., Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Ernest S. Ingersoll

Father's
Birthplace

Md.

Mother's
Maiden Name

Jennie D. Trader

Mother's
Birthplace

Md.

Name of person giving
Information

Ernest S. Ingersoll

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dis - colitis

How long

3 months

Immediate

Collapsus.

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

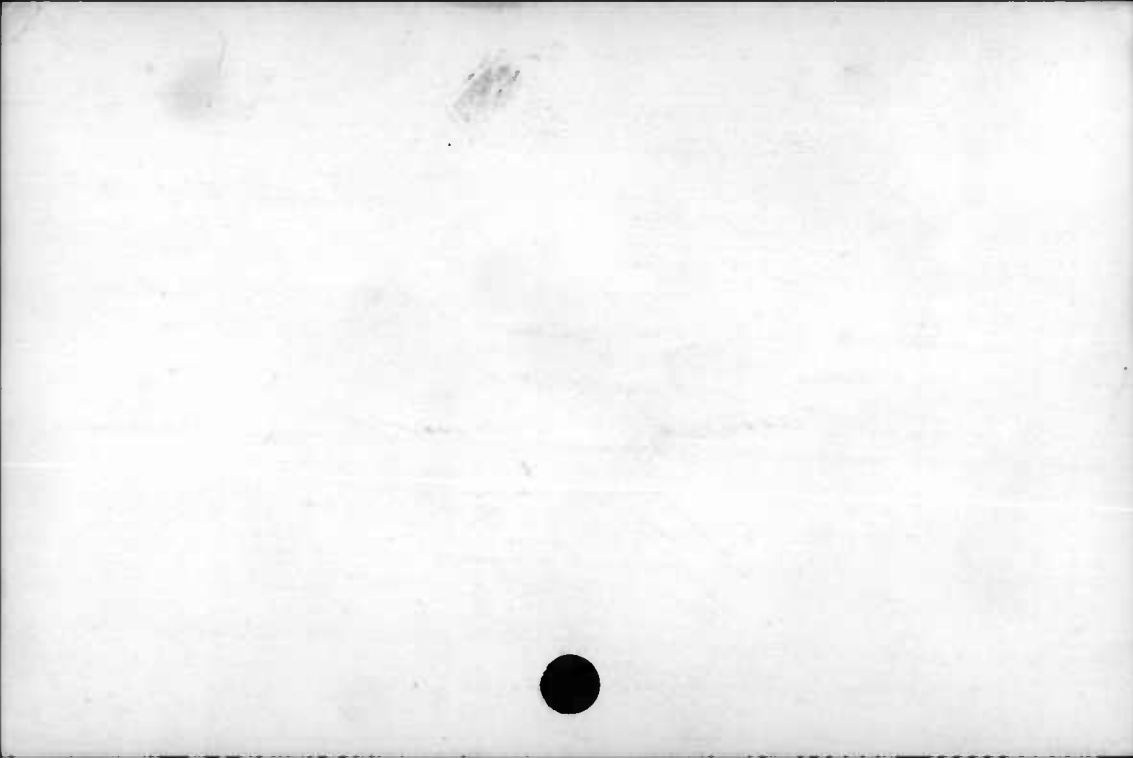
Signature of
Physician

J. H. Wilson, M.D.

Address

Pocomoke City

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

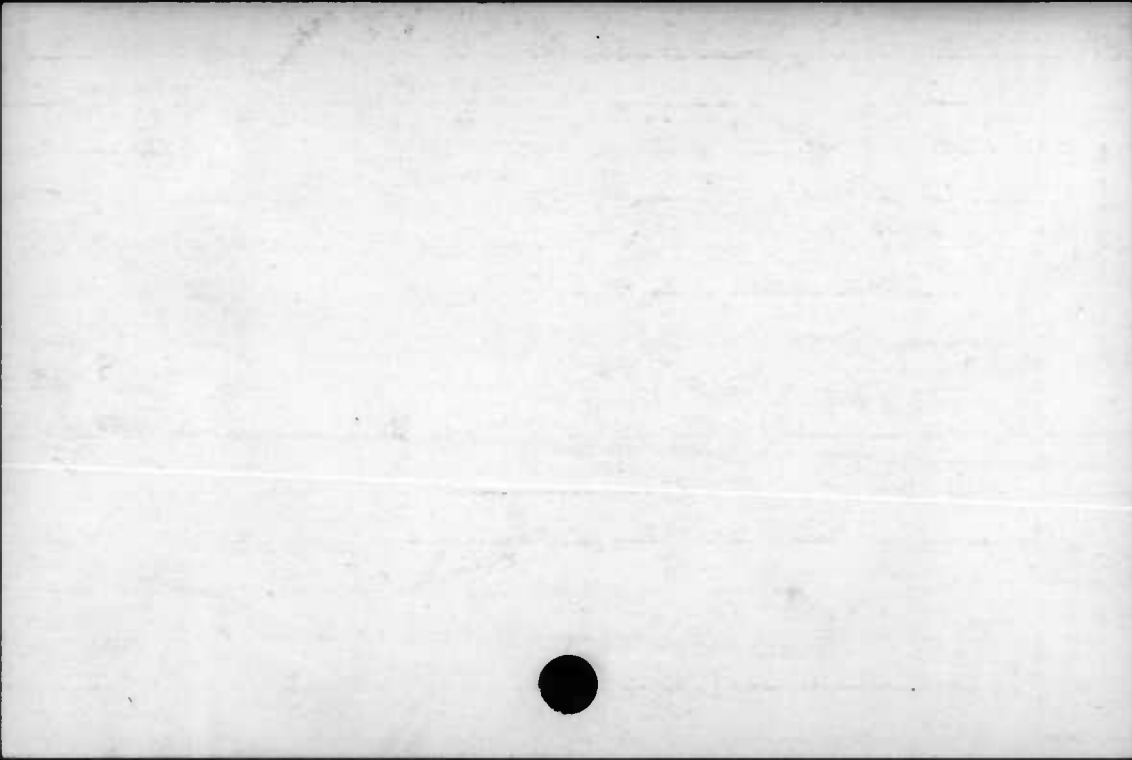
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County	
Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>9</i>	
Age <i>35</i>		Years		Months	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Maggie Lewis</i>			
Father's Name <i>James Lewis</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name		Mother's Birthplace <i>"</i>			
Name of person giving information <i>R. C. Lewis</i>		How related to deceased <i>Cousin</i>			

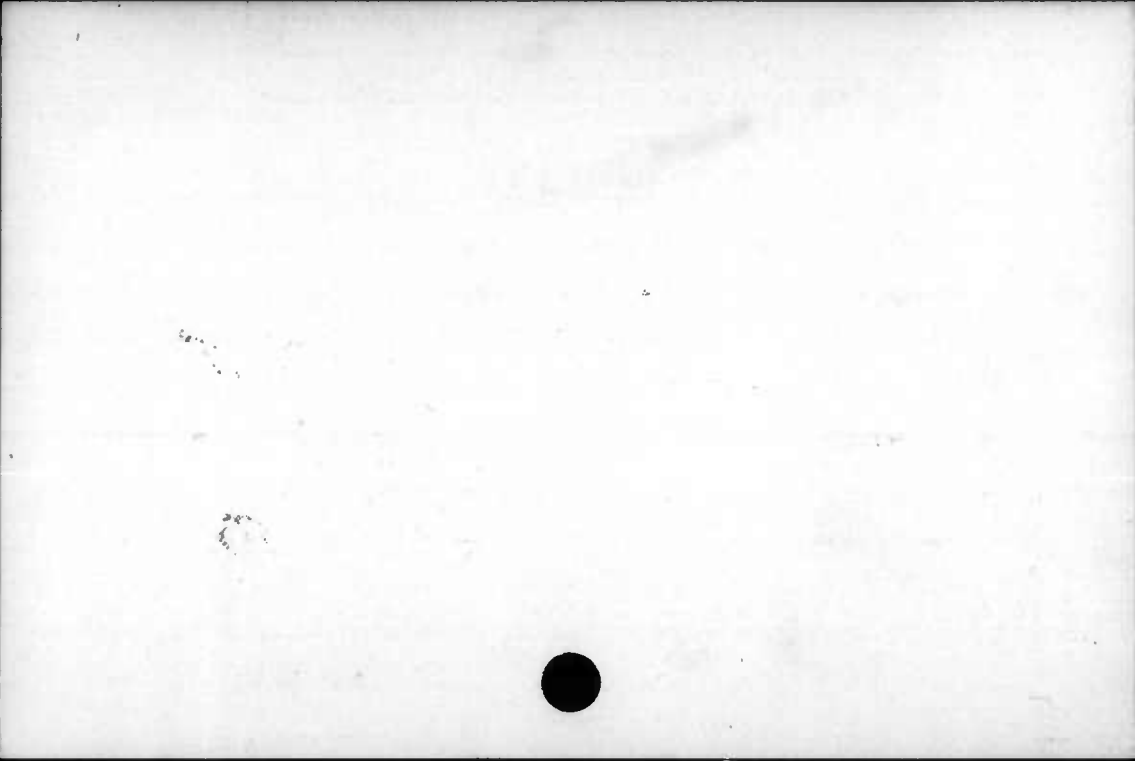
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>12</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill, Md</i>
Accident or Suicide? <i>accident</i>	



Name in Full		BEN MC BREARY				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rly Grange		Worcester		MARYLAND		
	Date of death	1905	Month 9	Day 13	Age 87	Months 0	Days 0	
	Sex	male		Color or Race	White		Birth-place	Maryland
	Occupation	Stonemason		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name	J. Mc Breary				Father's Birthplace	Maryland	
	Mother's Maiden Name	Kellie Soliman				Mother's Birthplace	Maryland	
Name of person giving information	Thomas Stacy				How related to deceased	my Uncle		
PHYSICIAN OR CORONER	CAUSES OF DEATH							
	Primary	Old Age				How long	154	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
			Address					
Accident or Suicide?		H. F. Hillman Rly Grange, Va						



Name
in
Full

CERTIFICATE OF DEATH

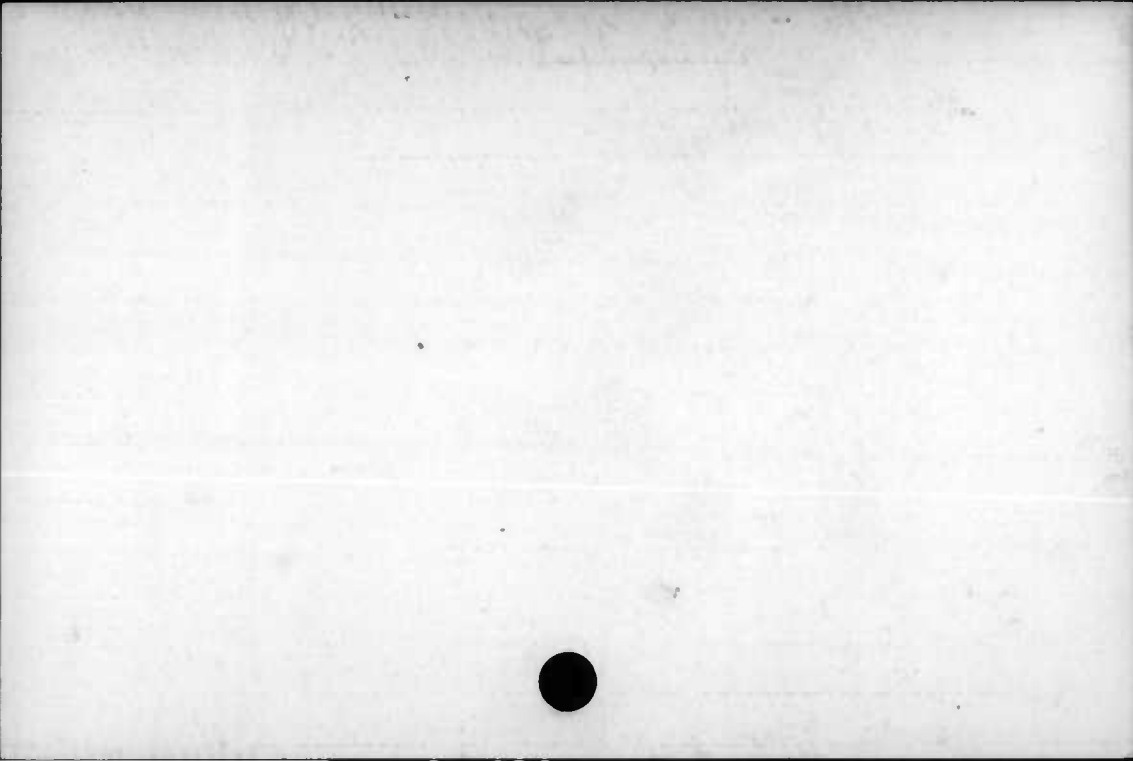
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1905	Month <i>Sept</i>	Day <i>4</i>	Age <i>1</i>	Years	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Stockton</i>		Days <i>9</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Levin Mason</i>			Father's Birthplace <i> Md</i>		
Mother's Maiden Name <i>Lizzie Marshall</i>			Mother's Birthplace <i> Md</i>		
Name of person giving information <i>Levin Mason</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Necrotic Cord</i>	How long <i>6 day</i>
Immediate <i>Pyemia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stockton Worcester Co.</i>
Accident or Suicide?	



Name
in
Full

Unnamed Mullis

CERTIFICATE OF DEATH

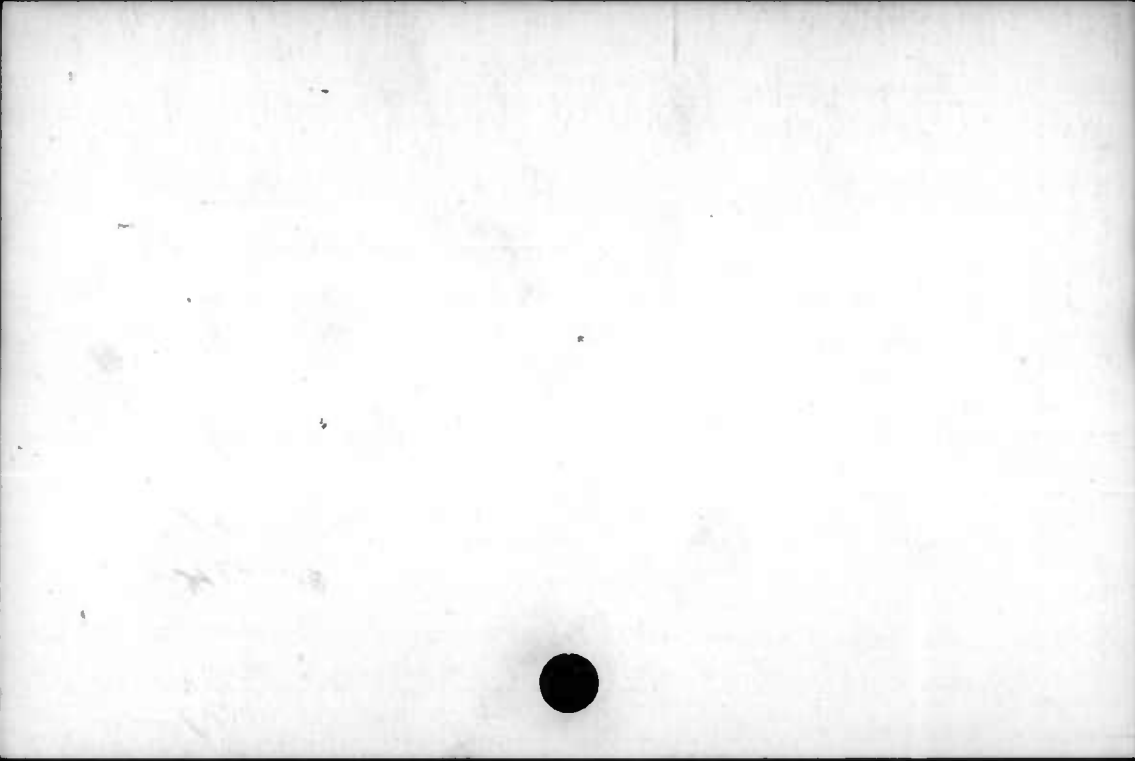
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> <small>Town</small>		<i>Morristown</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>19</i> <small>Age</small> <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> <i>—</i>		Sex <i>Male</i> <small>Color or Race</small> <i>White</i>		<small>Birth-place</small> <i>Brownsville</i>	
<small>Occupation</small> <i>—</i>		<small>Where Residing if not at place of death</small> <i>—</i>			
<small>Married, Single or Widowed</small> <i>Single</i>		<small>Name of Wife or Husband</small> <i>—</i>			
<small>Father's Name</small> <i>Morris Mullis</i>		<small>Father's Birthplace</small> <i>Russia</i>			
<small>Mother's Maiden Name</small> <i>Annie Klaff</i>		<small>Mother's Birthplace</small> <i>Russia</i>			
<small>Name of person giving Information</small> <i>—</i>		<small>How related to deceased</small> <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<small>Primary</small> <i>Still born</i>	<small>How long</small> <i>S.</i>
<small>Immediate</small> <i>Asphyxia</i>	<small>How long</small> <i>S.</i>
<small>Are the name, age, sex, color, date and place correctly given above?</small>	<small>Signature of Physician</small> <i>H. H. Mullis</i>
	<small>Address</small> <i>—</i>
<small>Accident or Suicide?</small>	



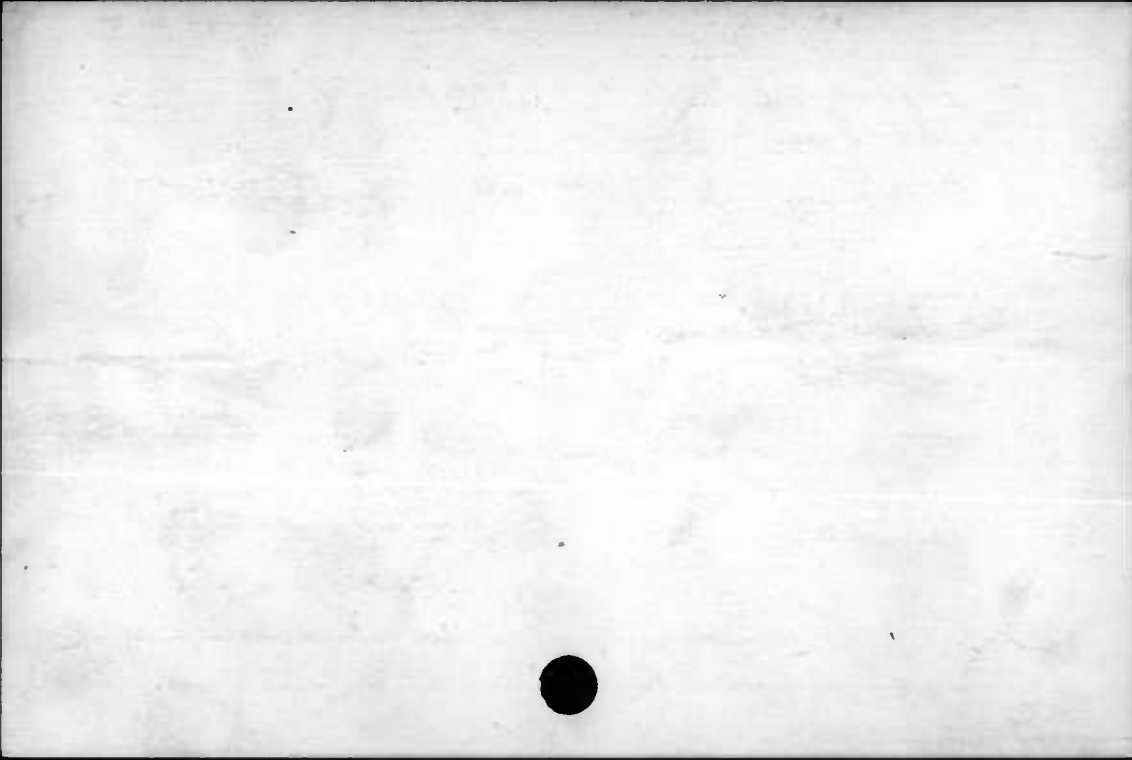
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1905 Sept 18</i>		Month <i>Sept</i>		Day <i>18</i>		Age <i>7</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Pocomoke, Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>H. J. Parker</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Bulah G. Miller</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>H. J. Parker.</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Tetanus</i>	How long <i>24 hrs</i>
Immediate <i>Exhaustion</i>	How long <i>8 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Charles H. Persim

9/23/VII

CERTIFICATE OF DEATH

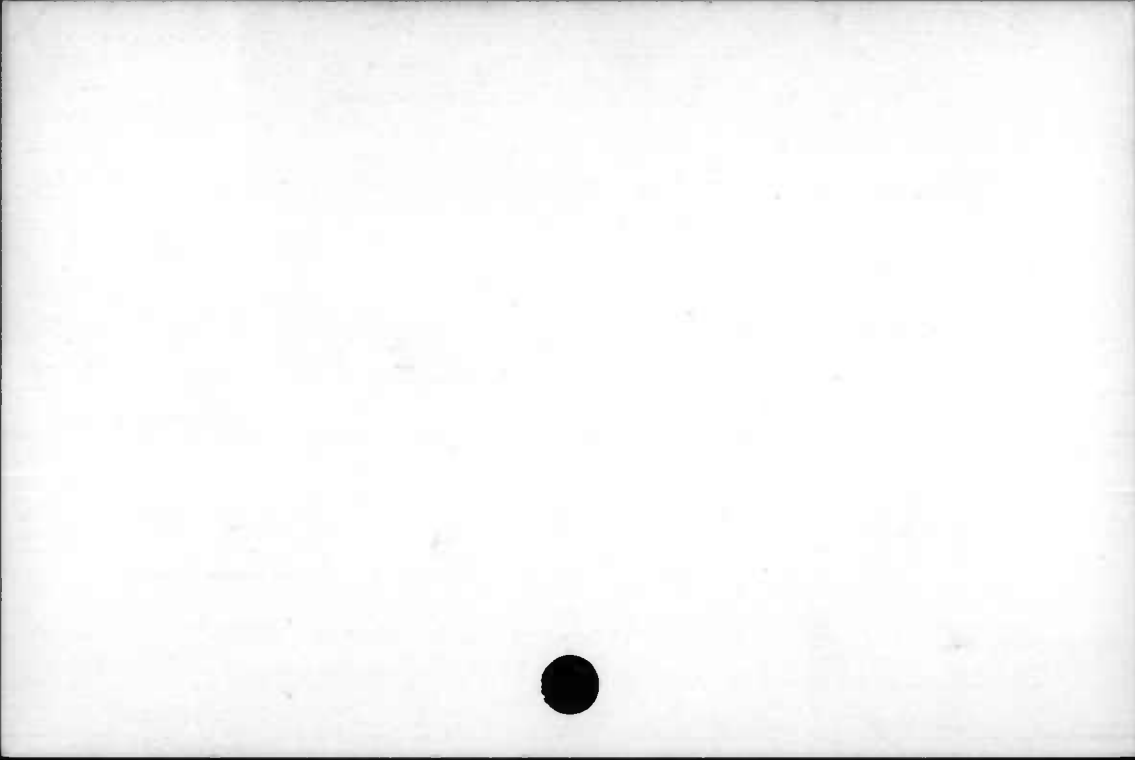
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore City -</u>		County <u>Mercer</u>		MARYLAND	
Date of death	Month <u>Sept</u>	Day <u>27</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Baltimore City -</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Irvin S. Persim</u>	Father's Birthplace <u>Wisconsin</u>				
Mother's Maiden Name <u>Hattie S. Persim</u>	Mother's Birthplace <u>Summers</u>				
Name of person giving information <u>Hattie S. Persim</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't Know</u>	How long	<u>7 months</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>None</u>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

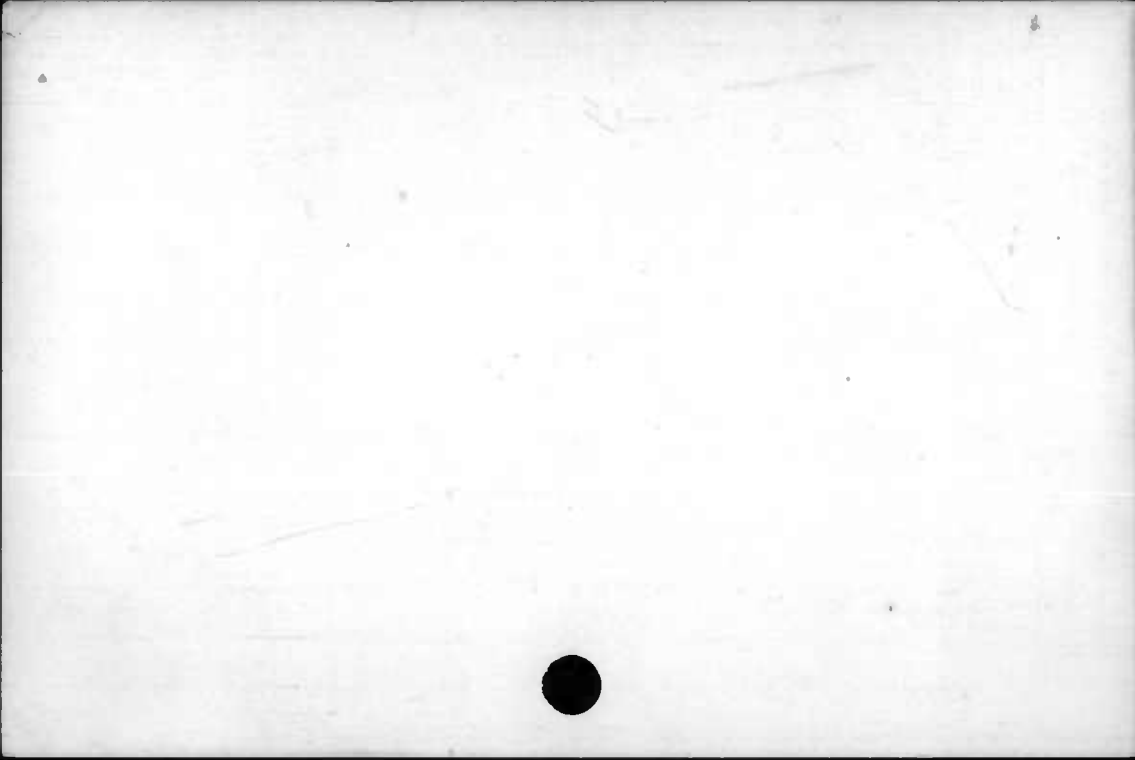
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Norman Ashtown Payne</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND			
Died at <i>Pocomoke City</i>		Date of death <i>1905 Sept 3</i>		Age <i>2</i>		Months <i>3</i>		Days <i>16</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Sumner Co Md</i>					
Occupation <i></i>		Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>							
Father's Name <i>William A. Payne</i>		Father's Birthplace <i>Md.</i>							
Mother's Maiden Name <i>Viriana A. Johnson</i>		Mother's Birthplace <i>Md.</i>							
Name of person giving information <i>W. H. Payne</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dis. colic</i>		How long <i>3m</i>	
Immediate <i>General Exhaustion</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Wilson</i>	
Accident or Suicide? <i></i>		Address <i>Pocomoke City</i>	



Name
in
Full

Caroline M. Peter

CERTIFICATE OF DEATH

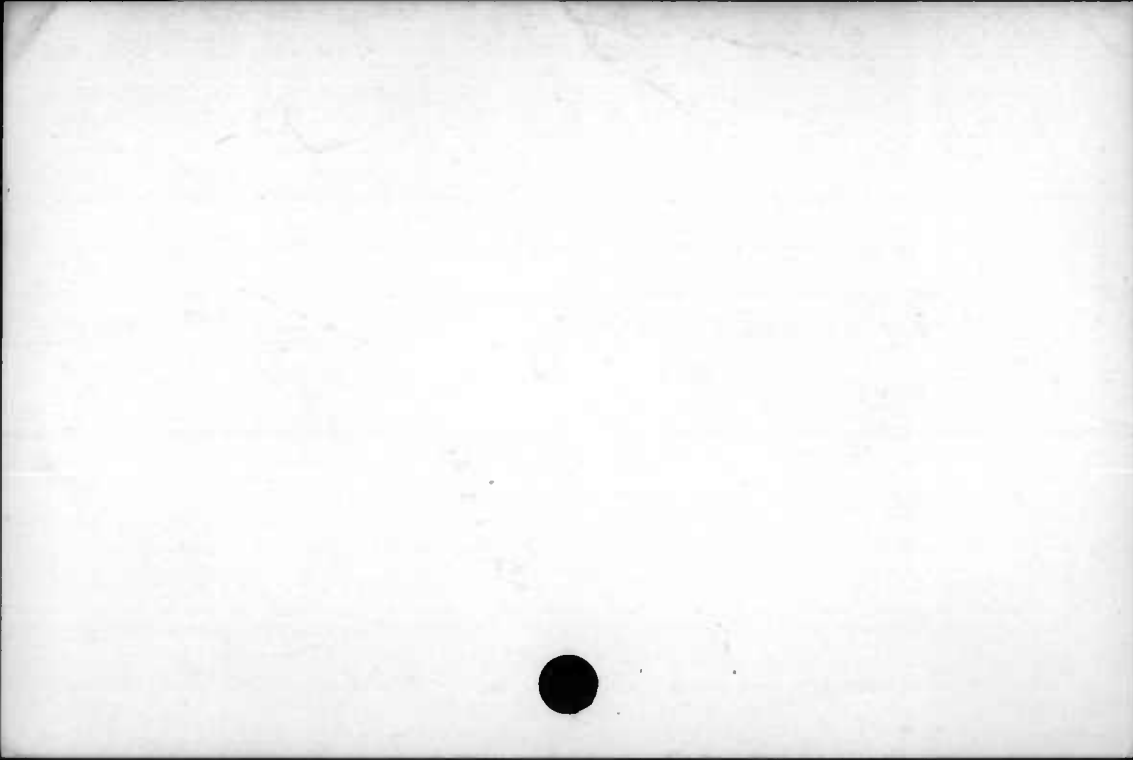
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Forcum</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>6</i>	Age <i>73</i>	Years <i>7</i>	Months <i>18</i>	Days
Sex <i>Female</i>		Color or Race <i>Caucas</i>		Birth-place <i>Philadelphia</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>near Snow Hill</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John M. Peter</i>					
Father's Name <i>Charles Maxwell</i>		Father's Birthplace <i>Philad.</i>					
Mother's Maiden Name <i>Jane Elliott</i>		Mother's Birthplace <i>Philad.</i>					
Name of person giving information <i>Chas. M. Peter</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		Francis A. Porter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snow Hill	County Monrovia		MARYLAND	
	Date of death	1905-	Month 9	Day 29	Years 78	Months 9	Days -
	Sex	Male		Color or Race	White		Birth-place MD
	Occupation	None			Where Residing if not at place of death		
	Married, Single or Widowed	Single			Name of Wife or Husband		
	Father's Name	Samuel Porter				Father's Birthplace	MD
	Mother's Maiden Name	Charlotte Johnson				Mother's Birthplace	MD
Name of person giving information	E. P. Davis				How related to deceased	Cousin	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Bronchitis				How long	2 weeks
	Immediate	Heart Failure				How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				Dr. P. Jones Snow Hill MD			
Accident or Suicide?							



Name
in
Full

Infant -

Powell (M. M.)

CERTIFICATE OF DEATH

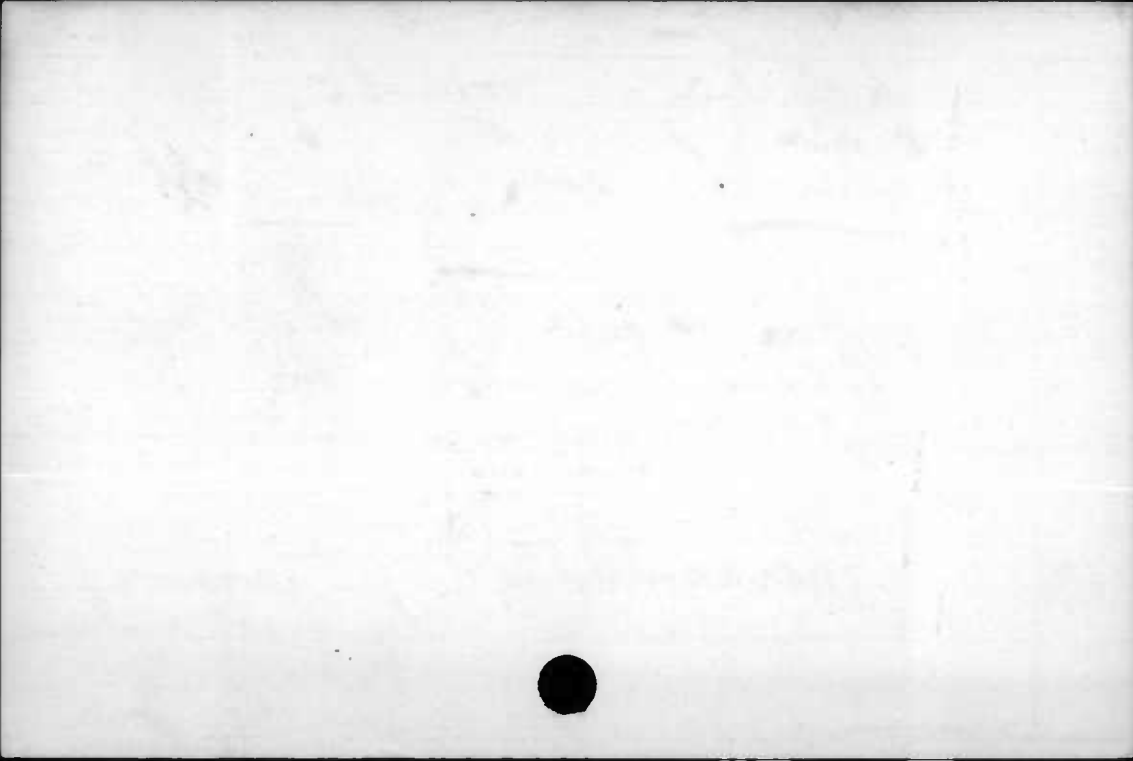
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Berlin</i>		Town <i>Berlin</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>9</i>	Age <i>7</i>	Years <i>6</i>	Months	Days
Sex <i>female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>				
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Mr. Powell</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Elyce Smack</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Al Smack</i>				How related to deceased <i>S. Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>19</i>
Immediate	<i>Marasmus</i>	How long	<i>mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Keeland</i>	
		Address <i>Berlin Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

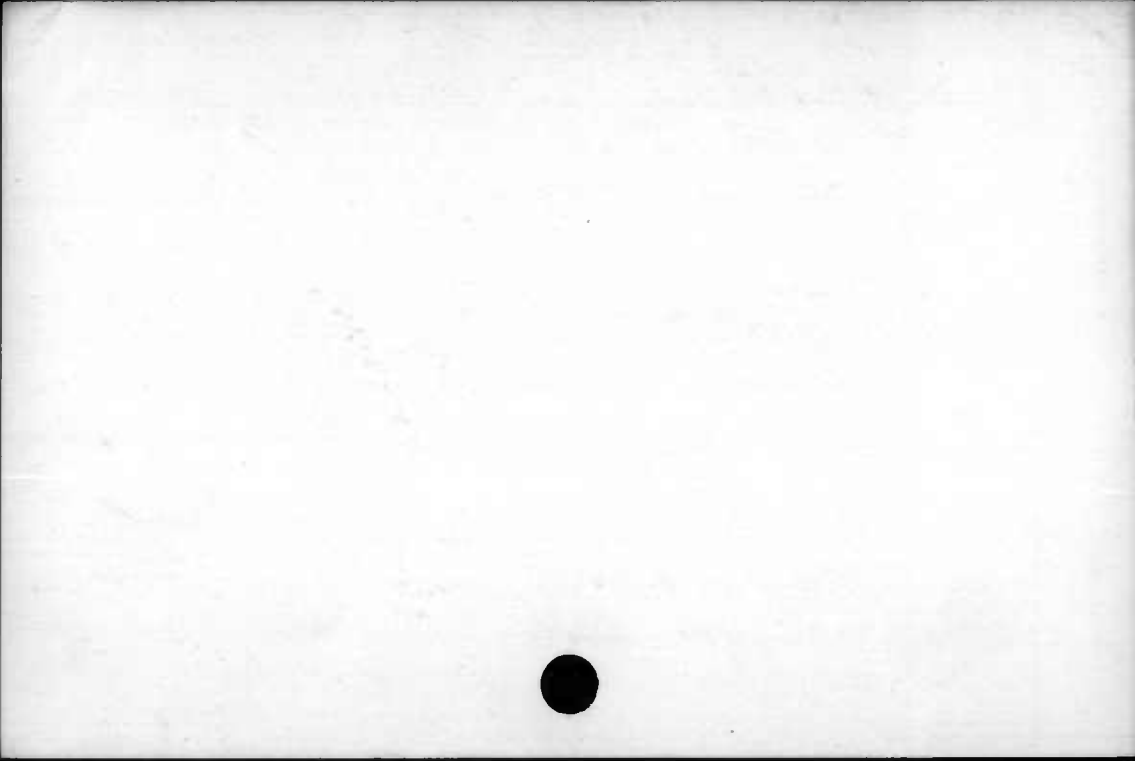
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill Md</i>		Town <i>Snow Hill Md</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept.</i>	Day <i>2</i>	Age <i>78</i>	Years <i>78</i>	Months <i>8</i>	Days <i>28</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wicomico Co</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Snow Hill Md</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Stephen D. Parnell</i>					
Father's Name <i>Mr. Saws</i>		Father's Birthplace <i>Wicomico</i>					
Mother's Maiden Name <i>Gertrude</i>		Mother's Birthplace <i>Wicomico</i>					
Name of person giving information <i>Osbert Parnell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>5 or 6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

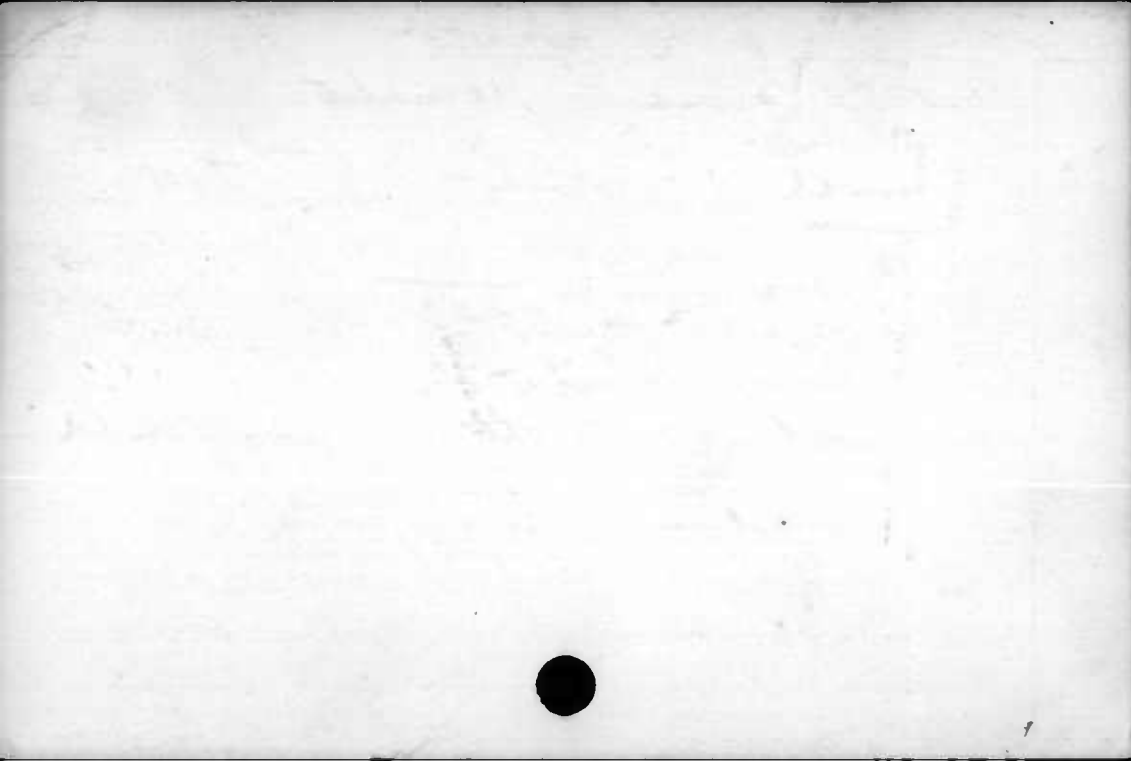
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Life Towne</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1901	Month	Sept-	Day	18
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Med</i>	
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Infection</i>	How long
Immediate	<i>Marasmus</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Pally Spencer

CERTIFICATE OF DEATH

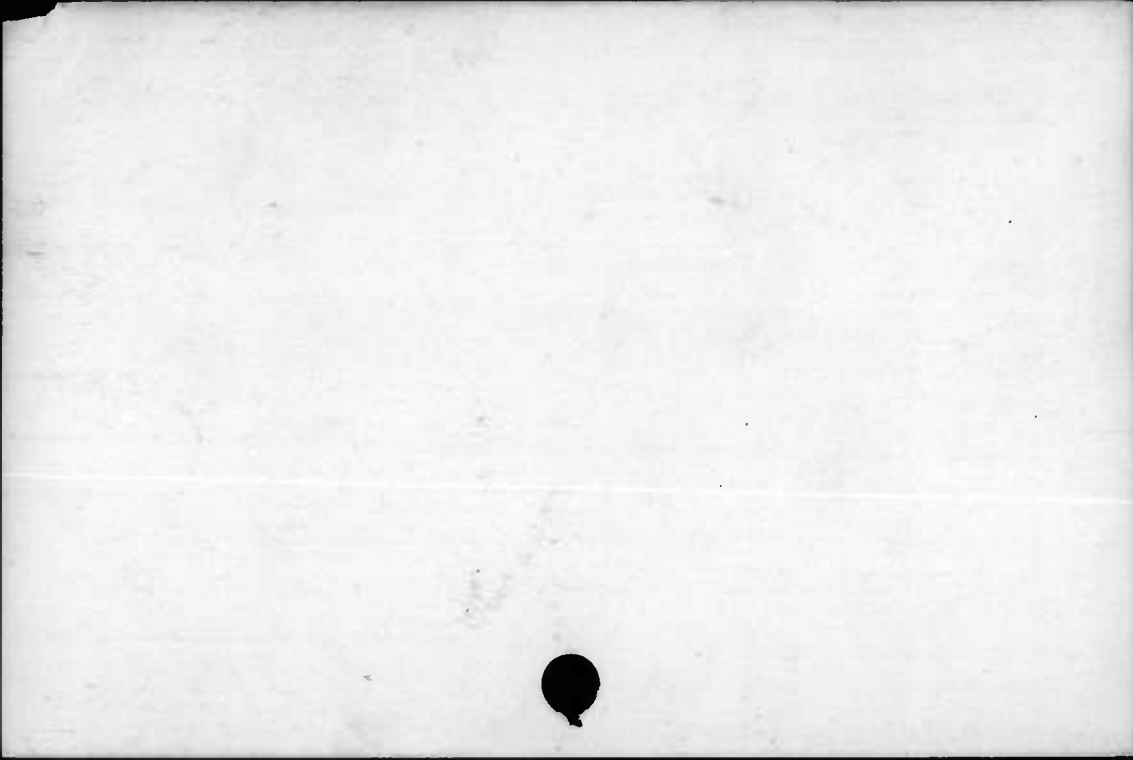
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Snow Hill		County		Worcester		MARYLAND	
Date of death	1907	Month	9	Day	4	Age	82	Months	-
Sex	Female		Color or Race	white		Birth-place	Md		
Occupation	Spinster				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband					
Father's Name	Benjamin Spencer					Father's Birthplace	Md		
Mother's Maiden Name	Mary Taylor					Mother's Birthplace	Md		
Name of person giving information	Sarah E. Dennis					How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	one year
Immediate	asthenia		How long	27
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Snow Hill Md	
Accident or Suicide?				



TO BE ANSWERED BY
NEAREST FRIEND

Isaac, Th. Warren child

CERTIFICATE OF DEATH

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>9</u>	Years <u>1</u>	Months <u>1</u>	Days <u>30</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		

Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>
Father's Name <u>Isaac Th Warren</u>	Father's Birthplace <u>Maryland</u>
Mother's Maiden Name <u></u>	Mother's Birthplace <u></u>
Name of person giving information <u>Pherrin Thuring</u>	How related to deceased <u>none</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>~</u>	How long <u></u>
Immediate <u>~</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. H. S. Allen</u>
<u>C. J. Evans</u>	Address <u>C. J. Evans, P.D.</u>
Accident or Suicide? <u>undetermined</u>	<u>Berlin Md</u>

Full

Dorothy Norrie Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>21</i>	Age	Years	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation <i>---</i>			Wife. Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>Thos Wilson</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Koli Robbins</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Thos Robbins</i>		How related to deceased <i>to father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>(155)</i>
Immediate <i>Marasmus</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>C. W. Dickinson</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	

Dorothy Robbins Wilson